DEPARTMENT OF STATE A/CDC/MR

REVIEWED BY [redacted] DATE 3-15-84

RDS or XDS ☐ EXT. DATE ____/____/____

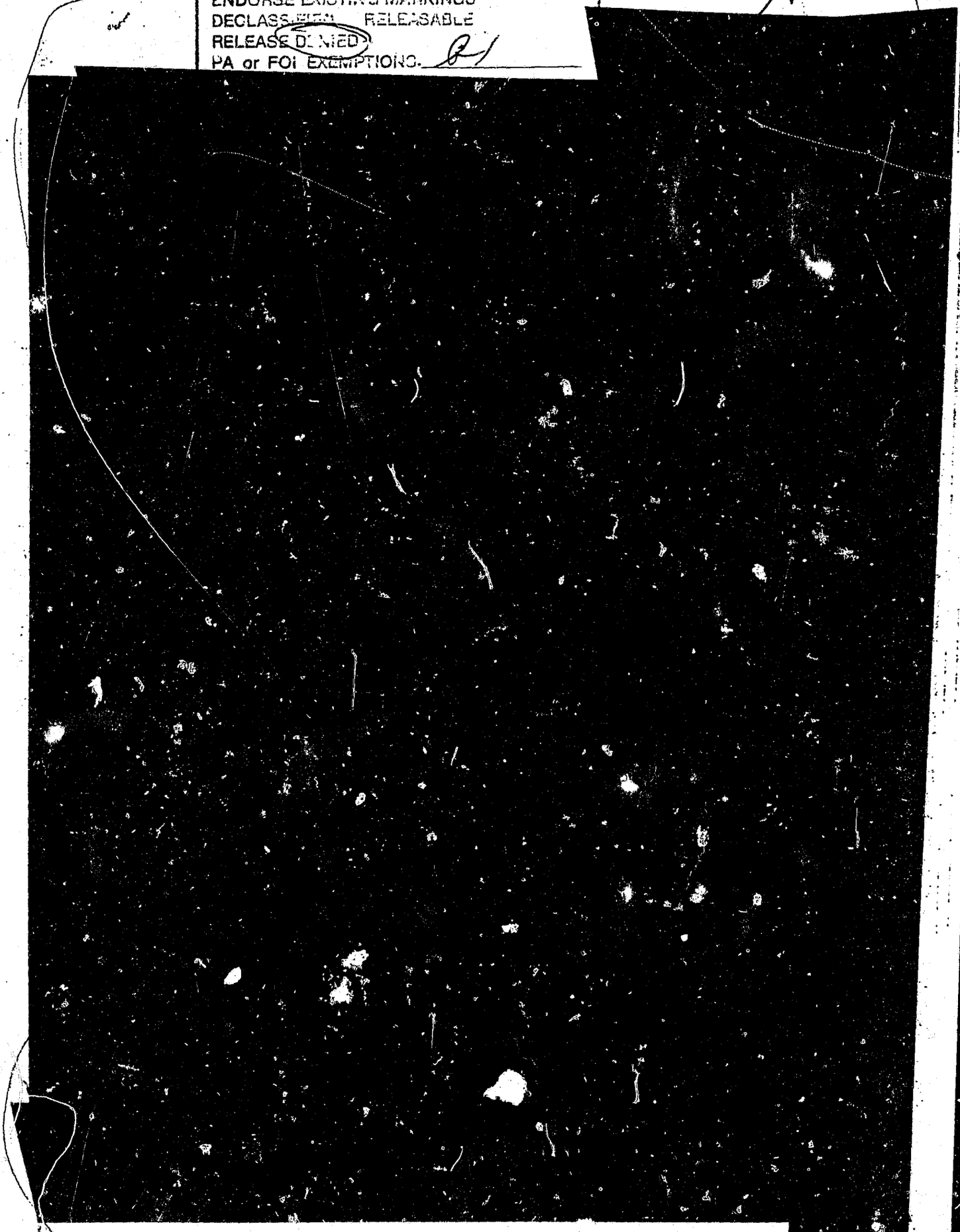
TS AUTH. ____/____/____ REASON(S) 25

ENDORSE EXISTING MARKINGS

DECLASSIFIED RELEASABLE

RELEASE DENIED

PA or FOI EXEMPTIONS B1



A-10-5